St. Joseph's Catholic Primary School

ALLERGY MANAGEMENT POLICY

June 2026

St. Joseph's Catholic Primary School

Allergy Management Policy

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St. Joseph's Catholic Primary School

Allergy Management Policy

INTRODUCTION

An allergy is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more serious reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. It is at the extreme end of the allergic spectrum. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include food, insect stings and drugs.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC Symptoms (Airway, Breathing, Circulation).

It is possible to be allergic to anything that contains a protein, however most people will react to a fairly small group of potent allergens.

Common UK allergens include, but are not limited to: peanuts, tree nuts, sesame, milk, egg, fish, latex, insect venom, pollen and animal dander.

This policy sets out how St Joseph's Catholic Primary School will support pupils with allergies to ensure they are safe and not disadvantaged in any way whilst taking part in school life.

ROLES AND RESPONSIBILITIES

Parent Responsibilities

- On entry to the school, it is the parent's responsibility to inform the school of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents must supply a copy of their child's Allergy Action Plan to school. If they do not currently have an Allergy Action Plan, this should be developed as soon as possible in collaboration with a healthcare professional, eg. School Nurse / GP / Allergy Specialist.
- Parents are responsible for ensuring that any required medication is supplied, in date and replaced as necessary. At St Joseph's, we require this medication to be provided in a container that is clearly labelled with the child's name.
- Parents are required to keep the school up-to-date with any changes in allergy management and provide an updated Allergy Action Plan.

Staff Responsibilities

- All staff at St Joseph's are requested to complete anaphylaxis training. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff.
- Staff must be aware of the pupils in their care (regular or cover classes) who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution.
- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication if age-appropriate. Pupils unable to produce their required medication will not be able to attend the trip.
- The office staff will ensure that an up-to-date Allergy Action Plan is kept with the pupil's medication.
- It is the parent's responsibility to ensure that all medication is in date, however the office staff will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- St Joseph's Catholic Primary School keeps a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAIs and emergency treatment given.

Pupil Responsibilities:

- Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.
- Pupils who are trained and confident to administer their own AAIs will be encouraged to take responsibility for carrying them on their person at all times.

ALLERGY ACTION PLANS

Allergy Action Plans are designed to function as individual health care plans for children with food allergies, providing medical and parental consent for schools to administer medications in the event of an allergic reaction. At St Joseph's, all children with known allergies will also have an Individual Health Care Plan and the Allergy Action Plan will form part of their IHCP.

St Joseph's Catholic Primary School recommends using the British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans (see Appendix 1) to ensure continuity. This is a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK.

It is the parent / carer's responsibility to complete the Allergy Action Plan with help from a healthcare professional, eg School Nurse / GP / Allergy Specialist, and provide this to the school.

At St Joseph's, we use the template provided by the Department for Education for all Individual Health Care Plans. These are completed by the office staff in conjunction with parents, taking into account advice given by a healthcare professional, eg School Nurse / GP / Allergy Specialist.

EMERGENCY TREATMENT AND MANAGEMENT OF ANAPHYLAXIS

What to look for:

Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- A red raised rash (known as hives or urticarial) anywhere on the body
- A tingling or itchy feeling in the mouth
- Swelling of the lips, face or eyes
- Stomach pain or vomiting

More serious symptoms are often referred to as the ABC Symptoms and can include:

- AIRWAY – swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing)
- BREATHING – sudden onset wheezing, breathing difficulty, noisy breathing
- CIRCULATION – dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness

The term for this more serious reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

If the pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. **Adrenaline** is the mainstay of treatment and it starts to work within seconds.

What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises the blood pressure

As soon as anaphylaxis is suspected, adrenaline must be administered without delay. Action:

- Keep the child where they are, call for help and do not leave them unattended
- **LIE THE CHILD FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe, but this should be for as short a time as possible
- **USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY** and note the time given. AAIs should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
- **CALL 999** and state **ANAPHYLAXIS** (ana-fil-axis)
- If no improvement after 5 minutes, administer second AAI
- If no signs of life, commence CPR
- Call the child's parent / carer as soon as possible

Whilst you are waiting for the ambulance, keep the child where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

SUPPLY, STORAGE AND CARE OF MEDICATION

Supply

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to carry their own AAIs on them at all times in a suitable bag or container.

For younger children and those not ready or able to take responsibility for their own medication, there should be an anaphylaxis kit provided by parents which is kept safely, not locked away and accessible to all staff.

Medication should be supplied in a suitable container and clearly labelled with the child's name. The medication storage container should contain:

- AAIs as prescribed, ie. EpiPen ®, or Jext ® , or Emerade ®
- An up-to-date Allergy Action Plan
- Antihistamine as tablets or syrup if this is included on the Allergy Action Plan
- Spoon if required
- Asthma inhaler if this is included on the Allergy Action Plan

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however at St Joseph's, the office staff will check medication kept at school on a termly basis and send a reminder to parents if the medication is approaching expiry.

Parents can subscribe to expiry alerts for the relevant AAIs their child is prescribed to make sure they can get replacement devices in good time.

Storage

AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes.

At St Joseph's, anaphylaxis kits are stored in the Headteacher's office. The kits are accessible to all staff. Copies of all Individual Health Care Plans, including Allergy Action Plans where appropriate, are kept in the child's classroom, in the main office and in the dining hall.

Disposal

AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in a sharps bin.

STAFF TRAINING

At St Joseph's, all staff are requested to complete online/face to face training in how to administer an AAI at the start of every new academic year. Currently all AAIs prescribed for children at St Joseph's are the EpiPen brand; therefore training will be accessed from the manufacturers' website: www.epipen.co.uk

In the event of an alternative brand of AAI being prescribed, staff will access training from the relevant manufacturers' website, eg. www.jext.co.uk and www.emerade-bausch.co.uk

INCLUSION AND SAFEGUARDING

St Joseph's Catholic Primary School is committed to ensuring that all children with medical conditions, including allergies, in terms or both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential. For details of how we do this, please read our Supporting Pupils in School with Medical Conditions Policy available on the school website: https://www.st-josephs-withnell.lancs.sch.uk/

CATERING

All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products.

Details of the special diets available in school can be found by visiting: www.lancashire.gov.uk/catering/food-solutions/special-diets/primary-school-allergen-and-special-diet-policy/

The Cook is informed of all pupils with food allergies and intolerances at the start of every academic year and this information is updated as required throughout the school year. At St Joseph's, photos of all children with food allergies and intolerances are provided to the Cook at the start of every academic year to ensure that catering staff can identify these children. The staff responsible for providing this information are Katie Cunliffe (Headteacher) and Carol Wilsdon /Harriet Bryce (School Bursar)

At St Joseph's, parents of children with food allergies are encouraged to speak directly with our Cook who will advise on the procedures in place to ensure children are provided with food which is safe for them.

The school adheres to the following Department of Health guidance recommendations:

- Bottles, other drinks and lunch boxes provided by parents for children with food allergies should be clearly labelled with the name of the child for whom they are intended
- If food is purchased from the school, parents should check the appropriateness of foods by speaking directly to the school Cook
- The pupil should be taught to also check with catering staff before selecting their lunch choice
- Where food is provided by school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross-

contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils.

- Food should not be given to primary school-aged food-allergic children without parental engagement and permission, eg. birthday parties, food treats.
- Use of food in crafts, cooking classes, science experiments and special events (eg. fetes, assemblies, cultural events) needs to be considered any may need to be restricted / risk assessed depending on the allergies of particular children and their age.

SCHOOL TRIPS

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. If this is not appropriate, eg. due to age or ability, medication will be carried by the adult responsible for the individual child. If parents have not provided their child's required medication, the child will not be able to attend the trip.

All the activities on the school trip will be risk assessed to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion.

Overnight school trips should be possible with careful planning and a meeting for parents with the lead member of staff planning the trip should be arranged. Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food if provided by the venue.

Sporting Excursions

Children with allergies should have every opportunity to attend sports trips to other schools. The school will ensure that the PE teachers are fully aware of the situation. The school being visited will be notified that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team. If another school feels they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative / their own food.

Most parents are keen that their children should be included in the full life of the school where possible and the school will need their co-operation with any special arrangements required.

ALLERGY AWARENESS AND NUT BANS

St Joseph's Catholic Primary School understands the approach advocated by Anaphylaxis UK towards nut bans / nut free schools. They would not necessarily support a blanket ban on any particular allergen in any establishment including in schools. This is because nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with food allergy. They advocate instead for schools to adopt a culture of allergy awareness and education.

However, we do consider our school to be a Nut Free School and ask that children do not bring in any food containing nuts.

We also highlight a ‘whole school awareness of allergies’ approach, as it ensures teachers, pupils and other staff are aware of what allergies are, the importance of avoiding the pupil’s allergens, the signs and symptoms, how to deal with allergic reactions and to ensure that policies and procedures are in place to minimise risk.

RISK ASSESSMENTS

St Joseph’s Catholic Primary School will conduct a detailed individual risk assessment for all new joining pupils with allergies and any pupils newly diagnosed, to help identify any gaps in our systems and processes for keeping children with allergies safe. See Appendix 2

POLICY REVIEW DETAILS		
Policy written by	Katie Cunliffe	June 2026 Based on model policy from Anaphylaxis UK as advised by LCC in ‘Guidance for Education Providers – Allergens’
Review schedule	As required	

BSACI ALLERGY ACTION PLAN

RCPCH anaphylaxis UK AllergyUK

This child has the following allergies:

Name:

DOB:

Photo

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- **Give antihistamine:** ..... **(If vomited, can repeat dose)**
- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS

(life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

A AIRWAY	B BREATHING	C CONSCIOUSNESS
• Persistent cough • Hoarse voice • Difficulty swallowing • Swollen tongue	• Difficult or noisy breathing • Wheeze or persistent cough	• Persistent dizziness • Pale or floppy • Suddenly sleepy • Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. **Lie child flat with legs raised** (if breathing is difficult, allow child to sit)



2. **Use Adrenaline autoinjector without delay** (eg. EpiPen®) (Dose: ..... mg)
3. **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** IF IN DOUBT, GIVE ADRENALINE *****

AFTER GIVING ADRENALINE:

1. Stay with child until ambulance arrives, **do NOT stand child up**
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjectable device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name: .....

.....

2) Name: .....

.....

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed: .....

Print name: .....

Date: .....

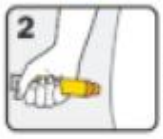
For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit:
sparepensinschools.uk

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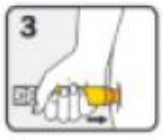
How to give EpiPen®



PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"



Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"



PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds**. Remove EpiPen.

Additional instructions:

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

This is a medical document that can only be completed by the child's healthcare professional. It must not be shared without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector, if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline autoinjector devices must be carried in hand luggage or on the person, and **NOT** in the luggage hold. **This action plan and authorisation to travel with emergency medications has been prepared by:**

Sign & print name: .....

Hospital/Clinic: .....

..... Date: .....

St. Joseph's Catholic Primary School
Allergy Management Risk Assessment for Individual children

This form should be completed by the setting in liaison with the parents/guardian. It should be shared with everyone who has contact with the child. It should be read alongside the child's Health Care Plan that has been produced the Allergy clinic. A whole setting approach is recommended in the management of allergy which would involve all staff to have awareness training in addition to key staff having adrenaline autoinjector (AAI) training.

Child:	**Date of Birth:**
Setting:	**Key Worker**:
Allergies: Are reactions: **Ingestion** **Direct contact**: **Indirect contact** :	
G.P: Name: Phone number:	**Clinic/Hospital:** Name: Phone number:
Date:	**Review date:**
Who is responsible for providing support in the setting:	
People involved in writing this plan:	
Signatures: Setting Manager: Date: **I give permission for this risk assessment to be shared with anyone who needs this information to keep my child safe,** **I give permission for my child's photograph to be displayed sensitively to keep my child safe,** **Maintained Nurseries only: I give permission for the setting's 'spare' AAI to be used on my child in an emergency where anaphylaxis is suspected.** Parents: Date:	

Complete this risk assessment in discussion with the parent/guardian and medical professional if available. Consider all situations that the child may be in and agree control measures. Use the risk analysis tool at the end of the document to assess probability and impact producing further control measures if necessary. This is intended to be dynamic document and should be updated annually or after an incident or near miss.
Can the child recognise a reaction for themselves?

What have been the symptoms of previous reactions?			
What are the hazards for each activity?	**What are you already doing to control the risks?**	**Probability**	**Impact**
Medication:			
Storage: Location of child's medication			
Food and drink:			
Snack time including drinks			
Lunch time: Hot meals Sandwiches Drinks			
Events involving food: Parties Cultural experiences			
Celebrations: e.g. Birthdays, Easter			
Learning activities:			
Cooking:			
Expressive arts and design: Creative activities: e.g. junk modelling, pasta, playdough			
Music: instrument sharing (cross contamination issue)			
Understanding the world activities:			
Physical development: Indoor Outdoor Forest Schools			

Offsite activities:			
Curriculum visitors Day trips			
Other:			

This must be completed for any activity that is medium with the aim of bringing the risk to LOW.

Activities that are High or Extreme must not happen unless action can be implemented to bring the risk to LOW.

Hazard	What further action do you need to take to control the risks?	Who needs to carry out the action?	What is the action needed by?	Completed

Consequence		Minor	Moderate	Major	Critical	Catastrophic
Likelihood	Rare	Low	Low	Low	Low	Low
	Unlikely	Low	Low	Medium	Medium	Medium
	Possible	Low	Medium	Medium	High	High
	Likely	Medium	Medium	High	High	Extreme
	Certain	Medium	Medium	High	Extreme	Extreme

Consequence	Minor	Moderate	Major	Critical	Catastrophic

This is the impact of the action being allowed to happen	No reaction	Non anaphylactic reaction	Emergency response required, ambulance and hospital	Emergency response required, ambulance and hospital	Fatal, Death

Likelihood	Definition
Rare	May only occur in exceptional circumstances
Unlikely	Could occur in some circumstances, surprised if happened
Possible	Possible or likely to occur in most circumstances
Likely	Will occur in most circumstances
certain	It is expected to occur, inevitable